TI-30149



APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor if only one name is listed below, or an original, first and joint inventor if plural inventors are named below, of the subject matter which is claimed and for which a patent is sought on the invention entitled as set forth below, which is described in the attached specification of Application Serial No. 09/493,526, filed 01/28/00; that I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment specifically referred to in the oath or declaration; that no application for patent or inventor's certificate on this invention has been filed by me or my legal representatives or assigns in any country foreign to the United States of America; and that I acknowledge my duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56;

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

TITLE OF INVENTION:		
Method for Comb	ating Ingress and Impulse Noise Using	Coded Modulation
	DINT PRACTITIONERS AT CUSTOMER NUM AND TRANSACT ALL BUSINESS IN THE PA HEREWITH	
SEND CORRESPONDENCE TO: J. Dennis Moore Texas Instruments Incorporated P.O. Box 655474, MS 3999 Dallas, TX 75265		DIRECT TELEPHONE CALLS TO: J. Dennis Moore (972) 917-5646
NAME OF INVENTOR: (1)	NAME OF INVENTOR: (2)	NAME OF INVENTOR:
Ofir Shalvi	Itay Lusky	Ariel Yagil
RESIDENCE & POST OFFICE ADDRESS:	RESIDENCE & POST OFFICE ADDRESS:	RESIDENCE & POST OFFICE ADDRESS:
19 Tabenkin St. Herzlia, Israel	4 Kehilat Kovna St. Tel Aviv, Israel 69400	13 Mordechay St. Ramat Hasharon, Israel 47441
COUNTRY OF CITIZENSHIP:	COUNTRY OF CITIZENSHIP:	COUNTRY OF CITIZENSHIP:
Israel	Israel	Israel & USA
SIGNATURE OF INVENTOR:	SIGNATURE OF INVENTOR:	SIGNATURE OF INVENTOR:
× - M	M. See'x	× And Yogil
DATE: 20(8/00	DATE: 8.30.00	DATE: 8.20.00